**RM6160: Non Clinical Temporary and Fixed Term Staff**

**(Short Form)**

**For help with completing this Order Form please refer to the Short Order Form FAQ’s** [**here**](https://assets.crowncommercial.gov.uk/wp-content/uploads/RM6160-Short-Order-Form-FAQ-v2.pdf)

**Guidance:**

This Order Form, when completed and signed by both you (the Contracting Authority) and the Supplier, forms a Call-Off Contract from CCS framework RM6160, Non Clinical Temporary and Fixed Term Staff. Signing the Order Form ensures that both parties are able to compliantly use the terms and conditions agreed from the procurement exercise.

You can complete and execute a Call-Off contract by using an equivalent document or electronic purchase order system. If an electronic purchasing system is used, the text below must be copied into the electronic order form.

**Order Form Template**

This Order Form is for the provision of the Call-Off Deliverables. It is issued under the [Framework Contract RM6160](https://www.crowncommercial.gov.uk/agreements/RM6160): Non Clinical Temporary and Fixed Term Staff.

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| --- | --- |
| **Contracting Authority Name** | UK Export Finance |
| **Contracting Authority Contact** | [REDACTED] |
| **Contracting Authority Address** | 1 Horse Guards Road London SW1A 2HQ |
| **Invoice Address** **(if different)** |  |

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| --- | --- |
| **Supplier Name** | Allen Lane Interim & Permanent Recruitment |
| **Supplier Contact** | [REDACTED] |
| **Supplier Address** | 33 King Street, St. James's,London, SW1Y 6RJ |

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| **Framework Ref** | RM6160: Non Clinical Temporary and Fixed Term Staff |
| **Framework Lot** | Lot 2 |
| **Order reference number (e.g. purchase order number)** | CR\_2195 |
| **Date order placed** | 22/11/2022 |
| **Call off Start Date** | 09 Jan 2023 |
| **Call-Off** **Expiry Date** | 08 Jan 2024 |
| **Extension Options** | N/A |
| **GDPR Position** | Independent Controller  |
| **Job role / Title** | Financial Reporting Changes – Senior Responsible Owner |
| **Temporary or Fixed Term Assignment** | Temporary Assignment  |
| **Hours / Days required** | Full time equivalent  |
| **Unsocial hours required – give details** | N/A |
| [**High cost area suppl****ement**](https://www.nhsemployers.org/tchandbook/annex-4-to-10/annex-8-high-cost-area-payment-zones) **details****(NHS only)** | N/A |
| **Immunisation requirements? (Fee type 1 only)** | N/A |

|  |  |
| --- | --- |
| **Pay band (use rate card to determine this)** |  |
| **Fee Type** | Non-Patient Facing (Disclosure required) |
| **Expenses to be paid or benefits offered** | Paid according to Authority’s Travel and Subsistence Policy |
| **Expenses to be paid by Temporary Worker** | N/A |
| **Charge rates** | Pre-AWR | Post-AWR |
| N/A | £ [REDACTED] |
| **Method of payment** | Paid via the Supplier’s payment system and then invoiced to the Authority |
| **Discounts applicable** | N/A |

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| **Criminal records check required** | Yes  |
| **BPSS required** | Yes  |
| **State any other required clearance and/or background checking** | All other security checks will be undertaken by the Authority |
| **State any skills, mandatory training and qualifications necessary for the role** | Required experience in leading on IFRS17 implementationprojects across financial or insurance sectors. |

**CALL-OFF INCORPORATED TERMS**

The Call-Off Contract, Core Terms and Joint Schedules’ for this Framework Contract are available on the CCS website. Visit the [Non Clinical Temporary and Fixed Term Staff](https://www.crowncommercial.gov.uk/agreements/RM6160) web page and click the ‘Documents’ tab to view and download these.

**CALL-OFF DELIVERABLES**

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| **The requirement** |
| The supplier will supply [REDACTED] to the buyer to act as Financial Reporting Changes SeniorResponsible Owner. The buyer will be responsible for sponsoring all Security Clearances.The supplier will provide the buyer with weekly timesheets to allow matching to invoices.Invoices will be monthly in arrears based on days worked in the month. |

**PERFORMANCE OF THE DELIVERABLES**

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| **Key Staff** |
| [REDACTED] |
| **Key Subcontractors** |
| None |

|  |  |
| --- | --- |
| **For and on behalf of the Supplier:** | **For and on behalf of the Contracting Authority:** |
| Signature: | [REDACTED] | Signature: | [REDACTED] |
| Name: | [REDACTED] | Name: | [REDACTED] |
| Role: | [REDACTED] | Role: | [REDACTED] |
| Date: | 1/12/2022 | Date: | 22/11/2022 |